

Understanding Co-Occurring Disorders: Piecing the Puzzle Together

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- A. Epidemiology
- B. Treatment
- C. Homelessness
- D. What the field wants to know
- E. CHAB Initiatives
- F. Operationalize Vision/Model
- G. SAMHSA relevant Co-Occurring Programs



The Faces of Co-Occurring...



Understanding Co-occurring Disorders

- 20% of those with any substance use disorder have at least one mood disorder; 18% have at least one anxiety disorder.¹
- 29% of individuals with a current alcohol use disorder and 48% of those with a drug use disorder have at least one personality disorder.¹
- 1/2 to 3/4 of incarcerated youth suffer from a mental health disorder; more than half have substance use problems.²

1. 2001-02 NESARC data

2. 2004 Kids Count Data Book, Annie E. Casey foundation. www.kidscount.org.

Understanding Co-occurring Disorders

- 4.2 million adults (18+ y.o.) have a serious mental illness (SMI) *and* a substance use disorder.¹
- Illicit drug use is more than twice as high among persons with a SMI than without (27% to 12.5%).¹

Comorbidity and Suicide

The health conditions most consistently associated with suicide are mental illness, substance use disorders and alcohol use disorders affecting up to **90%** of all people who die by suicide

Treatment

- 49% of persons with co-occurring SMI and substance use disorders received no past-year treatment for either disorder; only 7.5% received treatment for both disorders.¹
- 40.7% of individuals who sought treatment for alcohol had at least one mood disorder, and 33% had at least one anxiety disorder.²

¹2003 NSDUH data

²2001-02 NESARC data

Treatment

- 80%+ of persons with co-occurring disorders do not perceive a need for treatment.¹
- 43% of youth in mental health treatment have a co-occurring substance use disorder.²
- 41–71% of women in substance abuse treatment report sexual abuse as children or adults.²

1. 2003 NSDUH data

2. *Blueprint for Change*. CMHS, SAMHSA, 2003

Homelessness

- Up to 50% of homeless adults have co-occurring mental illnesses and substance use disorders.^{1,2}
- Nearly 1/4 of homeless substance abuse treatment admissions had co-occurring disorders in 2000.³
- Among homeless veterans, 1/3 to 1/2 have co-occurring mental illnesses and substance use disorders.¹
- Among detainees with mental illnesses, 72% also have co-occurring substance use disorder.¹

¹*Blueprint for Change*. CMHS, SAMHSA, 2003

²National Resource Center on Homelessness and Mental Illness

³*The DASIS Report: Characteristics of Homeless Admissions to Substance Abuse Treatment, 2000*. Drug and Alcohol Services Information System (DASIS), SAMHSA, OAS.

The field wants to know...

- What are the best screening/assessment approaches?
- What are the Evidence Based Practices for CODs?
- How do we pay for services (funding mechanisms)?
- How do we develop the workforce?

SAMHSA'S VISION FOR CO-OCCURRING DISORDERS

Provide leadership and direction in defining and transferring the latest evidence-based practices/systems, services, & infrastructure to all levels of the co-occurring disorders service system.

CHAB's MISSION

—to support SAMHSA's Vision and Mission by:

- Improving the quantity and quality of treatment services for persons with co-occurring substance abuse and mental disorders and for persons with co-occurring disorders who are homeless or at-risk for homelessness
- Serving as a resource within SAMHSA for state of the art treatment interventions/approaches and science-based evidence for co-occurring and homeless issues
- Collaborating with CMHS and CSAP to forge a SAMHSA wide effort to address co-occurring disorders

CHAB's MISSION

- Providing policy and planning associated with substance abuse services to rural and migrant populations
- Funding contracts and grant programs
- Conducting information dissemination

CHAB Co-Occurring Initiatives

1. Co-occurring State Incentive Grant (COSIG)
2. Co-occurring TCE
3. Quadrant Validation & Screening Instrument
4. Quadrant Operationalization
5. Homeless Initiatives

Operationalizing SAMHSA's Vision:

SAMHSA'S CO-OCCURRING CENTER FOR EXCELLENCE (COCE)

www.coce.samhsa.gov

Co-occurring State Incentive Grants (COSIG)—CSAT/CMHS

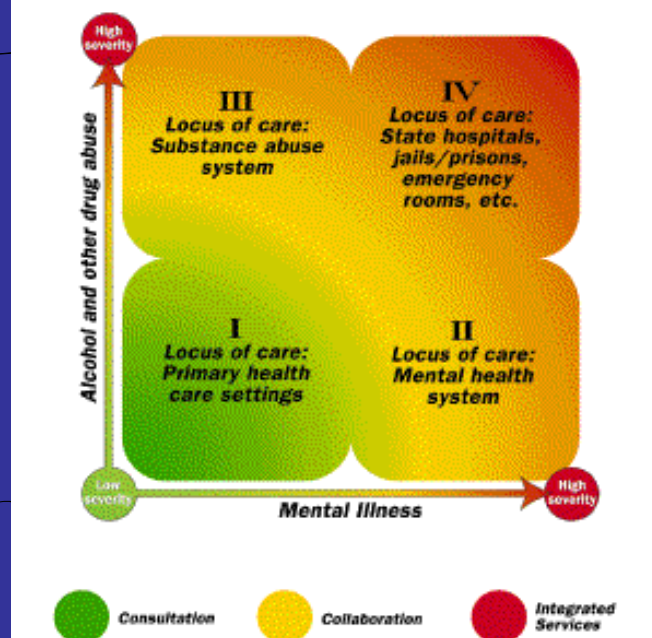
- Supports grantees in systems change and infrastructure development
- Supports grantees in overcoming service delivery barriers such as:
 - Standardizing screening and assessment tools
 - Developing complementary licensure and credentialing requirements

Co-occurring State Incentive Grants (COSIG)—CSAT/CMHS

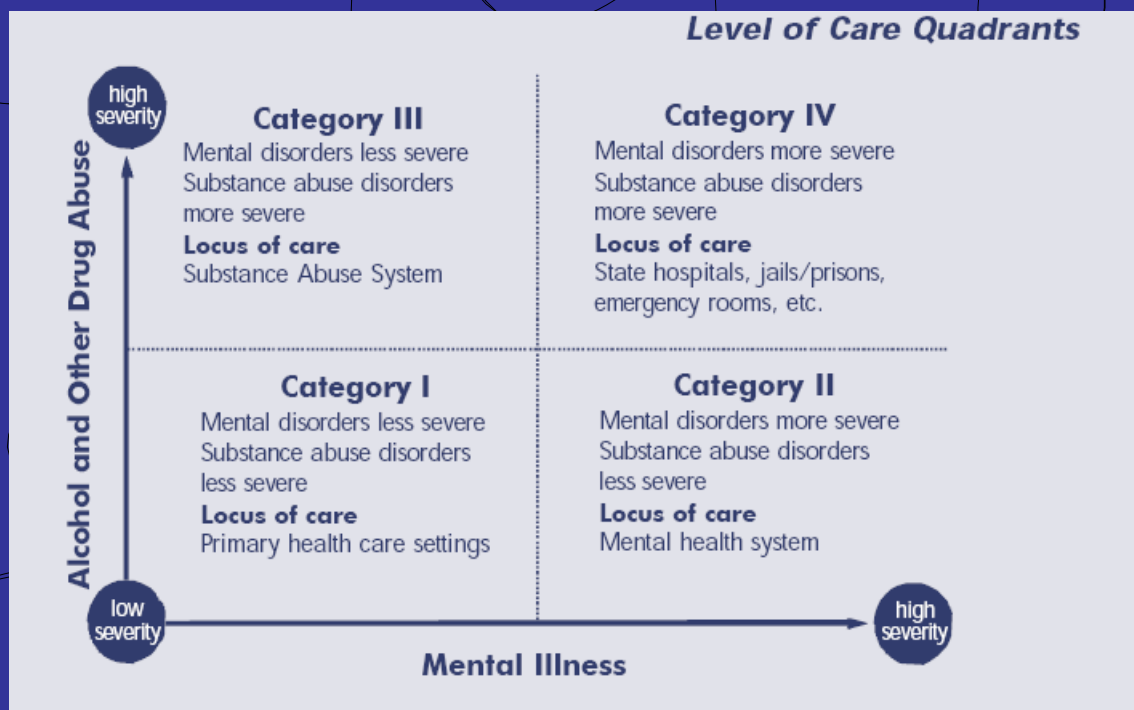
- Enhancing service coordination, networks and linkages to support quality care
- Improving financial incentives for integrated care
- Information sharing among stakeholders
- 11 grantees (with 4 new grantees managed by CMHS to be awarded in FY05)

Quadrant Model

Service coordination by Severity



Level of Care Quadrants



Operationalizing the Quadrant

- Although the quadrant model is a valuable conceptual tool, the population systems and service are presented only in general terms.
- CHAB undertaking project to:
 - Develop precise, clinically useful descriptions of each quadrant, clinical and diagnostic characteristics of each quadrant, epidemiology, and service systems and coordination necessary for optimal outcomes;
 - Identify appropriate clinical interventions for each group, and gaps in the evidence base;
 - Consider how services are funded in each quadrant and identify funding opportunities and barriers.

Quadrant Validation & Screening Instrument

- Contract managed by Rick Ries, M.D., University of Washington
- Using large existing data set of persons receiving a systematic assessment of substance use and mental disorders
 - Test assumptions of the “4-Quadrant Model” of co-occurring disorders
 - Develop *clinical screening instrument*

Co-Occurring Policy Academy

The background of the slide is a solid dark blue. Overlaid on this background is a pattern of interlocking puzzle pieces. Each puzzle piece contains a white outline of a human silhouette, with the head and torso visible. The pieces are arranged in a way that they fit together, symbolizing the interconnectedness of different aspects of the policy academy's mission.

Objective: Develop a State Action Plan to Enhance the Provision of Services to Individuals with both Substance Abuse and Mental Health Disorders

Co-Occurring Policy Academy

- **Baltimore**, April 2004
 - Connecticut, Missouri, Alabama, Hawaii, Michigan, South Dakota, Maine, Arizona, Louisiana, North Carolina
- **Washington DC**, January 2005
 - Georgia, New Mexico, California, Virginia, Iowa, Illinois, Oklahoma, Texas, Washington
- **Philadelphia**, September 2005
 - Utah, New York, Delaware, Kansas, Rhode Island, Maryland, Montana, Vermont, Ohio, Indiana
- Potential: National Summit on Co-Occurring Disorders for American-Indian/Alaskan Native Populations

Substance Abuse Treatment For Persons With Co-Occurring Disorders

**A Treatment
Improvement
Protocol**

**TIP
42**



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Treatment
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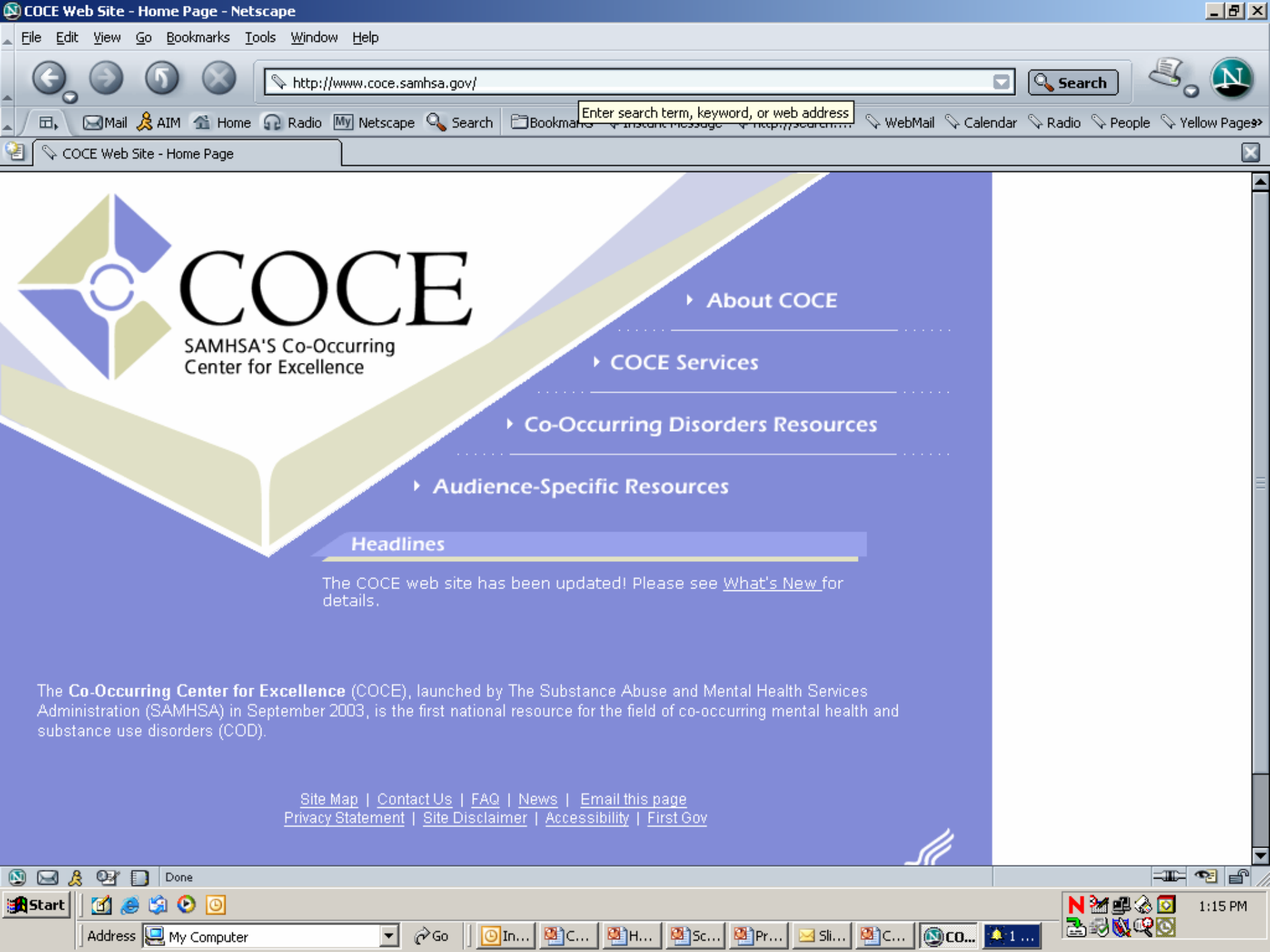


The COCE Mission

- Receive and transmit advances
- Guide enhancements in infrastructure and clinical capacities
- Foster the infusion and adoption of evidence and consensus-based practices

COCE Core Products and Services

- Overview papers, technical reports, and other products
- TA and training
- The COCE Web site
- Meetings and conferences
- Pilot evaluation of the Performance Partnership Grant (PPG) measure



http://www.coce.samhsa.gov/

Search



COCE Web Site - Home Page



COCE

SAMHSA'S Co-Occurring
Center for Excellence

► About COCE

► COCE Services

► Co-Occurring Disorders Resources

► Audience-Specific Resources

Headlines

The COCE web site has been updated! Please see [What's New](#) for details.

The **Co-Occurring Center for Excellence (COCE)**, launched by The Substance Abuse and Mental Health Services Administration (SAMHSA) in September 2003, is the first national resource for the field of co-occurring mental health and substance use disorders (COD).

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COCE Overview Papers

Priority Content Area

Overview Papers

Definitions, Principles, and
Epidemiology

Definitions, Terminology, and Nosology
Overarching Principles
Epidemiology of Co-Occurring Disorders

Screening, Assessment,
Treatment Planning, and
Treatment Services

Screening, Assessment, and Treatment Planning
Treatment: Vol 1: Treatment Techniques
Treatment: Vol 2: Evidence- and Consensus- Based
Practices
Treatment: Vol 3: Special Settings
Treatment: Vol 4: Special Populations

Workforce Issues

Workforce Development and Training
Certification and Licensure

Systems Issues

Financing Mechanisms
Systems Integration
Services Integration

Prevention and Early Intervention

Prevention

Evaluation and Monitoring

Evaluation and Monitoring
Information Sharing

COCE Steering Council Membership

- AAAP
- NAADAC
- NASADAD
- NASMHPD
- NMHA
- SAAS
- ATTC
- CAPT
- Research Community
- Primary Care
- Consumer/Survivor/
Recovery Community

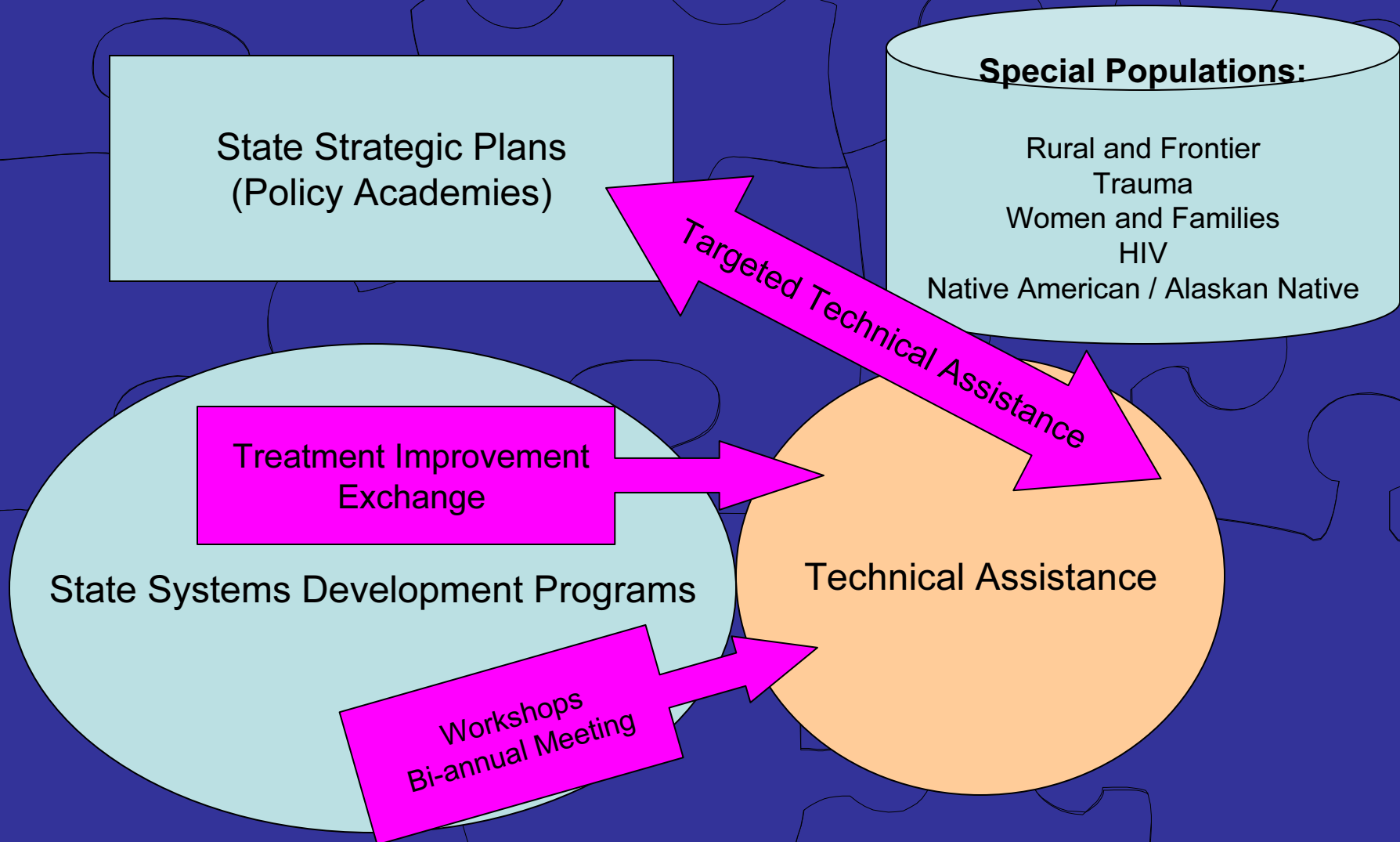
- Homeless Community
- Juvenile Justice
- Tribal/Rural
- Trauma/Violence
- Ex-Officio Members
 - NIAAA
 - NIDA
 - HRSA
 - NIMH

The background of the slide is a solid dark blue color. Overlaid on this background is a pattern of white outlines representing interlocking puzzle pieces. The pieces are arranged in a grid-like fashion, with some pieces missing, creating a sense of incompleteness or a puzzle to be solved. The text is centered over this background.

Division of State and Community
Assistance:

Collaboration to Achieve the Vision

Substance Abuse Prevention and Treatment Block Grant



National Registry of Effective Programs and Practices (NREPP)

- Resource for identifying and disseminating evidence based practices and programs to the field
- Initiated in 1998 by CSAP; CMHS and CSAT initiated reviews in FY 2003
- Integral part of the SAMHSA Science to Service Dissemination System

Scientific Review

- Reviewers - NIH peer review experience
- Independent review - 3 reviewers per application
- Conflict of interest guidelines
- Reviewer confidentiality maintained
- 18 evaluative criteria to determine overall effectiveness ratings
- Review consensus conferences/discussions
- Narrative statements that support effectiveness ratings

Systems –Level Approaches

Systems of care for people with co-occurring disorder **must** be:

- Comprehensive and appear seamless to the client
- Involve multiple systems:
 - Substance abuse
 - Mental Health
 - Primary Care
 - Criminal Justice
 - Social Service
 - Child Welfare

Key Precepts of Systems Integration

- Successful systems integration can occur only when a comparable emphasis is placed on integrated services
- Systems integration does not necessarily require the creation of new services or agencies, nor does it require that existing agencies or services be combined.
- Systems Integration can be measured by both system-level and client level outcomes
- Systems integration is about improving people's lives

Sustaining the Momentum

How do we sustain the momentum?

- Continued Collaboration within SAMHSA, i.e., CMHS, CSAP, and the Office of the Administrator within the SAMHSA Co-Occurring Disorder Work Group
- Working with State Authorities, County Authorities, Tribal Authorities, NASADAD, NASMHPD, and NACBHD
- Working with Provider Associations, Client/Consumer Advocacy Groups, Professional Associations, and Academia

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